



October 2000

HOME HEALTH AGENCY UPDATE



North Dakota Department of Health
Division of Health Facilities

Administrators, please share this newsletter with your home health agency staff.



Fax Transmission of Outcome and Assessment Information Set (OASIS) - Procedures Affecting Home Health Agencies (HHAs) and OASIS Requirements

IMPORTANT INFORMATION – READ IMMEDIATELY!

The Health Care Financing Administration (HCFA) recently requested that state survey agencies forward the following guidance to home health agencies. The information concerns faxed transmission of OASIS or other patient-identifiable information.

The use of electronic means of communication is acceptable in HHAs if appropriate safeguards are in place. A fax machine provides a fast and inexpensive method to send and receive patient-specific information such as patient

referrals and physician orders. However, the use of fax transmission can open up the possibility that confidential patient information can be transmitted or handled in a manner that is not secure and does not protect the patient's confidential health information. For example, the use of an incorrect fax number can transmit the material to people who are not legally authorized to have this information. Inasmuch as HCFA takes its responsibility seriously to protect patient-specific information once it has been transmitted to the state, we expect HHAs to provide the same protections to OASIS data while it is maintained at the HHA.

The home health Condition of Participation (CoP) 42 CFR 484.11, Release of Patient Identifiable OASIS information, requires that HHAs and agents

acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient-identifiable information contained in the clinical record, including OASIS data, and may not release patient-identifiable information to the public.

Each HHA is responsible to make sure it has a written contract providing its agent with the legal authority to encode and transmit OASIS assessment data. The contract also should ensure that the agent holds all OASIS data confidential. Each HHA that uses fax transmission of OASIS information should develop its own policies and procedures to ensure confidentiality of patient information, as well as comply with legal, regulatory and accreditation requirements. Each HHA also must ensure that OASIS assessment data is transmitted to its agent by a secure method.

If the HHA chooses to use facsimile transmission of OASIS data, these guidelines must be followed:

- The HHA or agent should place fax machines in a secure area and limit access to them.
- The HHA should identify one person in a department or unit to monitor incoming documents on a fax machine, or to deliver the document information directly into a secured database system.
- The HHA should outline appropriate written policies to

ensure that transmitted OASIS information is sent to the appropriate person and to verify the correct facsimile number to which the OASIS data is being transmitted. These should include:

- (a) Use of a cover sheet, either electronic or hard copy, accompanying the faxed information that specifies that the OASIS information is confidential and limits its use to the terms of the written contract,
 - (b) That the person who is the legal authority for the receipt of the OASIS information is prohibited from disclosing this information to any other party, and may use the data only for the purposes outlined in the written contract, and
 - (c) The HHA should contact the agent to verify the correct fax number prior to faxing.
- The HHA should develop and enforce procedures to be followed in the case of a misdirected transmission. This should include:
 - (a) A notice on the cover sheet that prohibits the disclosure, copying, or distribution of the information by the unintentional receiver of the fax,
 - (b) A notice to the unintentional receiver of the fax to notify the sender immediately that information was received in error and to arrange for the return of the information, and

(c) The contact name and phone number of the sender. **For further guidance, please refer to the sample fax coversheet attached to this newsletter.**

State survey agencies should follow the same guidelines outlined above when using fax machines to send and receive requests to correct errors to the OASIS database.

The guidance and recommendations apply to all accredited HHAs that participate in Medicare and to HHAs that are required to meet the Medicare conditions of participation, including Medicaid HHAs.

If you have any questions about these instructions, please contact the Department of Health at 701.328.2352.

“Difficulties are meant to rouse, not discourage. The human spirit is to grow strong by conflict.”

–William Ellery Channing



Prospective Payment System/OASIS Information

Remember to check the following websites frequently for the latest updates:

OASIS Home Page –
www.hcfa.gov/medicaid/oasis/oasishmp.htm
Home Health (HH) PPS –
www.hcfa.gov/medicare/hhmain.htm

- OASIS and HH PSS websites have been updated:
 - An update was posted on the OASIS website on Oct. 5, 2000. A new category of Questions and Answers has been added to the Frequently Asked Questions site - Category 12. PPS/OASIS. Questions 15, 16 and 17 respond to questions about HHAs that don't offer therapy services but that admit a patient with a diagnosis requiring a therapy service, etc.
 - HH PPS also have updated their website with a new set of HH PPS Frequently Asked Questions - Part 3, dated Oct. 12, 2000.
 - On Oct. 19, 2000, HCFA added a new page, OASIS and PPS, to their existing pages. PPS information previously integrated into HCFA's existing pages has been pulled out and placed on the new OASIS and PPS page for easier access.
 - On Oct. 19, 2000, HCFA replaced the file posted on the HCFA website containing the revised Chapter 8 Item-by-Item tips. This chapter contains the PPS items and reflects changes to other items. If the date on the bottom of the page is 08/00, it is a new or revised item.

- Remember, PPS patients currently being cared for by agencies, who are continuing service after October 1, and who are expected to be on service through November 29 will have a follow-up assessment due between November 25 and November 29.
- During the “phase-in” period, HCFA has indicated that surveyors should exercise reasonable judgment in citing deficiencies for time requirements (at least until the end of the year), as long as agencies and their vendors are making a good faith effort to bring everything on board or are using HAVEN 4.0 and the new OASIS data set. This does not mean that HHAs should not be attempting to complete their recertifications within the required time frame. If a surveyor finds the HHA is attempting to complete recertification in a timely manner and, for example, the delay is caused by a particular problem with implementation of the new data or new software, the surveyor will use his or her judgment in citing the agency.
- On its website, HCFA has compiled information to help agencies understand which assessment to use for the OASIS consideration for Medicare PPS patients and for non-Medicare PPS patients.
- For existing non-PPS patients, agencies should follow the 60-day time schedule after October 1. For the first assessment due on or after October 1, agencies can continue to do the two-month schedule. From then on, agencies should follow the

60-day schedule. This will generate errors on the state final validation reports for assessments being completed outside the five-day window. These warnings can be ignored for these patients. An explanation of this policy is on the OASIS “What’s New” page. Click on “OASIS Considerations for non-PPS patients”.



Data Entry Information

- While the operations of the “phase-in” are specific to PPS patients only, all agencies must update their systems with HAVEN or HAVEN-like software and use the new OASIS data set and the new data specs for all skilled (Medicare and non-Medicare) patients.
- Once agencies have installed the HAVEN 4.0 release, they have two more steps to complete.
 - (1) a dictionary patch for item M0825 must be downloaded from the HCFA website.
 - (2) A new grouper version 1.03 must be downloaded from the HCFA website to replace the grouper that came with HAVEN 4.0.
- The grouper provides the HIPPS codes, not the payment amounts. HIPPS codes are used for reimbursement. Agencies who want to calculate the HHRGs for their patients can go to the website

<http://www.hcfa.gov/pubforms.transmit/A0041.pdf>. This walks every

HIPPS code back to its HHRG. Agencies then can go to the PPS Federal Register (around page 41202) to calculate payment amount by using examples from Table 9. Instructions and examples of how to calculate payment amounts are included. HCFA is working to update the spreadsheet on their website at

www.hcfa.gov/medicare/grouper.xls.

On this site, agencies can plug in their information and follow the instructions to compute the HHRG.

- PPS Start-up, SOC date, 485: On or after October 1, the SOC date will be 10/01/2000 on the 485 (POT) and on the UB-92 claim. Prior to October 1, agencies should not change the SOC date on the OASIS. The SOC date on the 485 and the claim for establishing patients as of October 1 must be Oct. 1, 2000. A claims OASIS matching key has an 18-byte string that lists the original (M0030) SOC date, the (M0090) Information Completion Date, and the assessment type. It is returned with the HIPPS Code in HAVEN. Agencies should use the 18-byte string in a FL63 on the UB-92 claim to help match the OASIS assessment that generated the HIPPS code for the claim.
- Many agencies have been receiving “warning” message 257 that says their submitted HIPPS value and/or HIPPS version code does not match what the state has calculated. The state will not reject these records. This has been occurring for two reasons. (1) The agency has not upgraded its HAVEN software to

version 1.03 to match the state system. (2) Some states weren’t upgraded with grouper 1.03 the week of August 28. Agencies should look at the HIPPS Value calculated for the 1.03 version. This should be the HIPPS value they use on their UB92. No correction is necessary for those assessments.



Branch Transmission with Medicare Data Communication Network (MDCN)

MDCN has allowed branch offices to apply for their own user IDs and passwords so they can submit directly to the state agency instead of submitting to their parent agency. Branches still will transmit using the parent’s ID on the OASIS system, but will have an additional MDCN User ID and password.

It is currently optional to provide a Branch ID number so that branches can differentiate between themselves on the OASIS data set. Refer to field (M0014 – Branch State) and field (M0016 – Branch ID) of the OASIS data set. Eventually, it may become mandated for branches to transmit. If the parent agency wants a Branch ID number and password, contact the MDCN help desk at 1.800.905.2069.



OASIS Education Coordinator

We are pleased to announce that Debbie Baier, RN, health facilities surveyor, has accepted the position of OASIS Education

Coordinator. Debbie has worked for the Department of Health as a home health agency surveyor for several years. Her knowledge and expertise will be an asset as she assumes this new role.



Frequently Asked Questions

Question:

How can I obtain an OASIS User's Manual?

Answer:

The OASIS User's Manual is available in Adobe Acrobat portable document format for downloading from the following web page:
www.hcfa.gov/medicaid/oasis/usermanua.htm. The OASIS User's Manual consists of three parts and is updated periodically. The three parts are:

1. Implementing OASIS Data Collection (7/99). (As of October 2000, this manual does not have the chapter 8 item-by-item tip dated 08/00 or the 8/2000 OASIS-B1 forms. This information must be downloaded from the OASIS Home Page and the information added to the 7/99 User's Manual.)
2. OASIS National Automation Project Home Health Agency's User's Manual (4/2000)
3. OASIS HAVEN Systems Reference Manual (4/1/2000)

Question:

What do I do when I receive the error: "The grouper DLL returned blank values; therefore, the assessment could not be grouped"?

Answer:

Home health agencies should install the corrected grouper before they begin using HAVEN 4.0 to generate HIPPS codes for Medicare PPS billing. Verify that "PATCH103.EXE" has been downloaded and properly installed from
www.hcfa.gov/medicare/hhmain.htm

It is also important that "HAVEN4UP.EXE," which corrects the HAVEN system software dictionary labeling of the M0825 item, has been downloaded and properly installed from
www.hcfa.gov/medicaid/oasis/havensof.htm

Furthermore, clarification on appropriate answers to M0825 is as follows: Mark "No" response if no therapy services are needed OR if the intensity of therapy services does not meet the threshold for Medicare high-therapy use.

Mark "Not Applicable" for patients who are not Medicare fee-for-service (i.e., M0150 response 1 is not checked), or for whom this assessment will NOT be used to determine a Medicare episode payment.

Question:

What is the HAVEN telephone hotline number?

Answer:

The toll-free number is 1.877.201.4721 (7AM-7PM CT). After hours, a voice mail box will be available to record your inquiries.

The HAVEN e-mail address is
HAVEN_HELP@IFMC.ORG

Question:

We are having a problem with the question M0220. We can see only part of the choices. We can see the "NA-No Inpatient,"

but that's all. We are not even seeing the next option that should be "UN-Unknown."

Answer:

This can be resolved by turning on "Autohide" by going through START--> SETTINGS--> TASKBAR & START MENU... and/or setting screen resolution to 1024 by 768 pixels. (A reboot of the system may be necessary if this change doesn't automatically take effect.)

Question:

Where in HAVEN can I find the dollar amount for the corresponding HIPPS code?

Answer:

At the present time, dollar calculation is performed by the Pricer component of the claims process system of the Fiscal Intermediary (FI). The HIPPS Pricer calculations are based on the HHA cost reports, as well as other factors. Neither HAVEN nor the state system computes the dollar amount for each HIPPS code. Each HHA must get its assigned weight from its FI.

**"Doing right never hurt anybody;
doing wrong always does."**

– Garfield

**Facsimile Transmittal
Sample Attached**



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